

CHAMPVA POLICY MANUAL

CHAPTER 2
SECTION 30.15
TITLE: REHABILITATION (GENERAL)

AUTHORITY: 38 USC 1713; 38 CFR 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(a)(1)

TRICARE POLICY MANUAL: Chapter 1, Section 27.1

I. PROCEDURE CODE(S)

97535, 97537, 97542

II. DESCRIPTION

Rehabilitation is the reduction of an acquired loss of ability to perform an activity in the manner, or within the range considered normal, for a human being.

III. POLICY

A. Services which have been demonstrated to be capable of reliably confirming the severity of impaired function attributable to a physical impairment may be cost shared when medically necessary and appropriate.

B. Services or items which have been demonstrated to be usually capable of reducing or arresting the severity of impaired function attributable to a physical impairment may be cost shared when medically necessary and appropriate.

C. The following therapies and services rendered by an employee of an authorized institutional provider may be cost shared when a part of a comprehensive rehabilitation treatment plan and when otherwise allowed by this manual.

1. Physical therapy.
2. Rehabilitation counseling.
3. Mental health services.
4. Speech pathology services.
5. Occupational therapy.

IV. POLICY CONSIDERATIONS

A. Head injury can produce physical, organic-behavioral, and cognitive impairments. The efficacy of active treatment of head injury related organic-behavioral and cognitive impairments is not established and is considered to be experimental/investigational (unproven).

B. As a person with a head injury progresses through the rehabilitation experience, benefits become less likely because medically based rehabilitation disciplines, such as physical, occupational, and speech therapies, attain their maximum therapeutic effect and the custodial care or domiciliary care exclusions apply. Continued rehabilitation may then involve non-medical interventions to compensate for the intractable functional loss. The roll of many providers may change significantly from their role in an acute medical or inpatient rehabilitation setting and the services they provide may not be allowable as covered benefits.

V. LIMITATIONS

A. Rehabilitation services that are prescribed specifically and uniquely to arrest, reduce, or reverse lost cognitive functions are excluded as experimental/investigational (unproven). Cognitive rehabilitation (also called cognitive therapy, neurotraining, cognitive remediation, and cognitive retraining therapy) does not describe a specific set of treatment protocols or treatment approaches to remedy deficits in the mental processes by which knowledge is acquired and used. Deficits in cognition may be described as impaired attention/concentration, reasoning/problem solving, planning/organization, expressive communication, information processing, memory, judgment, and perception. Rehabilitation services that are prescribed specifically and uniquely to teach compensatory methods to accomplish tasks which rely upon cognitive processes are excluded as experimental/investigational (unproven).

1. Otherwise allowable services that incidentally address cognitive deficits as factors involved with the restoration of lost neuromuscular functions may be cost shared.

2. Otherwise allowable diagnostic or assessment tests and examinations that are prescribed specifically and uniquely to measure the severity of cognitive impairment may be cost shared.

B. Prosthetics.

C. Programs. Standard bundles of services (programs) shall not be allowed as an all-inclusive priced unit of service. Services rendered during such a program encounter must be itemized and each reviewed to determine if rendered by an individual authorized provider, if it is a covered benefit, and whether it is medically

necessary and appropriate.

VI. EXCLUSIONS

A. Transitional living. Training in independent living techniques, such as community and work integration training, self-care/home management training, training in meal preparation, safety procedures, community/work reintegration training, shopping, money management, avocational activities, work environment/modification analysis and wheelchair management/propulsion training.

B. Vocational rehabilitation. Educational services intended to provide a beneficiary with the knowledge and skills required for the performance of a specific occupation, vocation, or job.

C. Coma stimulation. Activities of external stimulation intended to arouse a beneficiary from a coma.

END OF POLICY